



Monthly AutoPay™ Program



Our Monthly AutoPay allows you to never think about paying another bill with Advantage Credit! When you sign up for Monthly Autopay, we'll automatically charge your credit card or checking/savings account **with no transaction fee** when the monthly payment is due for the account. Each transaction is recorded as a debit on your credit card or bank statement. Your detailed invoice will inform you of the debited amount, date of transaction and related charges.

First choose which payment method option you want your Monthly AutoPay™ to charge

Option 1 **Credit Card**

Advantage Credit Account #

Company Name

Credit Card Number

Billing Address for Card (Street name and Zip Only)

Exp. Date 00/00

Cardholder Name (printed)

Cardholder Signature

Option 2 **Checking** OR **Savings Account**

Advantage Credit Account #

Company Name

Name (s) on Account

Checking Account Number

Signature of anyone else whose signature is required to withdraw funds from this checking/savings account must sign above

! If you chose Option 2, you must attach a Copy of a Voided Check or Deposit Slip to this form!

*Copy of voided check (checking account) or deposit slip (savings account) MUST be returned with this form.

- A \$25 fee will be assessed on any payments not honored by your BANK for any reason.
- If a payment is due on a weekend or holiday, ACI will initiate a debit entry on the date specified, however, your BANK will not post payment until the next business day

Second, read and sign the payment agreement

I (we), the undersigned, authorize and request ACI to do the following actions per the payment method I (we) have chosen. A) Initiate electronic debit entries or use any other commercially accepted practice to charge my (our) account indicated below in the BANK named below and I (we) authorize and request BANK to honor the debit entries initiated by ACI and debit these charges to that account. B) Charge my Visa/Mastercard/American Express/Discover card, which is indicated above, for my Advantage Credit (ACI) payment. This authorization relates to all payments required on my (our) ACI account and the related membership agreement. It also covers changes in amounts and payments due because of additional agreements between me (us) and ACI that relate to the membership agreement. This authorization will remain in effect until all amounts owed are paid in full, or until I (we) cancel this authorization. To cancel, I (we) must notify ACI in writing far enough in advance to give ACI reasonable opportunity to act.

Cardholder or Bank Account Holder Name (printed)

Cardholder or Bank Account Holder Signature

Date

Last, simply fax this completed form to us!

Fax it "Attn: Financial Services" to 800-600-2508 and we will get you set up immediately!

Questions? Call us at 800-600-2510, option 7. We're standing by!